

Birth Control Pills: Combo and Mini

(1) CONCERNING THE COMBO PILL and the Mini-Pill:

Here is a portion of a great pamphlet entitled "The Pill and the IUD" by the Couple to Couple League, P.O. Box 111184, Cincinnati, Ohio 45211 (513) 471-2000:

*** Can the Pill be an abortifacient?**

Yes. Concerning this possibility in the combined Pill, Dr. J. Richard Crout, director of the Bureau of Drugs of the FDA has explained that 'fundamentally, these pills take over the menstrual cycle from the normal endocrine mechanisms. And in so doing they inhibit ovulation and change the characteristics of the uterus so that it is not receptive to a fertilized egg.' (Citation: FDA Consumer, May, 1976.)

This refers to the combined pill!

This site: <http://www.epigee.org/guide/hormonal.html#oc> (located as a link at Gateway.org) states:

" The process of ovulation is directed by hormones. Estrogen and progesterone are two hormones which direct many of the processes surrounding the menstrual cycle. Artificial analogues of these have proven an efficient form of birth control. To prevent pregnancy a woman takes a pill daily which contains both of these hormones. This is the combination pill, or simply "the pill."

The estrogen works by preventing an egg from being released from the ovaries most of the time. Both the estrogen and progesterone make the uterus a hostile environment for an embryo by causing a thinning of the uterine lining.

As modern combination pills contain less estrogen than their predecessors, an egg will be released by the ovaries 2-10% of the time. If fertilization takes the embryo will be unable to implant in the uterus, resulting in the death of the embryo. Although some consider this risk minimal, the most reliable sources cite the interceptive effect as a major mechanism of action; in fact, large doses of this drug are used as a 'morning after pill'.

Oral contraceptives also have some uncommon but serious health risks associated with their use, especially among smokers; these include abnormal blood clotting and heart attacks, cancer, and gallbladder disease. Side effects include: headaches, acne, weight gain, vaginal infections, and depression.

So, what about today's 'improved' pills?

The pamphlet by the Couple to Couple League, entitled: "The Pill and the IUD", goes on to say "It is probable that ovulation occurs more frequently with the lower dosages that are in today's Pill."

Even Planned Parenthood stated "...one doubts it (the changed endometrial lining) could support implantation of a fertilized egg." (Citation: Alan Guttmacher, Dec, 1966) That was 34 years ago. Although PP changed their definition of pregnancy to mean implantation, pregnancy always has meant 'fertilization'.

So, it seems from all reliable evidence, both the "Combined Pill" (estrogen and progestin) and the "mini-pill" (progestin-only Pill) can act as abortifacients, even though that is not what their marketed purpose is.

Furthermore, this site:

<http://archfam.ama-assn.org/issues/v9n2/full/fsa8035.html>

and its authors, Walter Larimore, MD and Joseph Stanford, MD, referring to all OC's states:

"For patients who believe that human life begins at fertilization (conception), a method of birth control that has the potential of interrupting development after fertilization (a postfertilization effect) may not be acceptable"

(Am.J.Obstet.Gynec., 1997)

In theory, postfertilization effects of OCs could involve any 1 or more of the following 3 mechanisms of action:

(1) A postfertilization preimplantation effect would consist of a slower transport of the preembryo through the fallopian tube, preventing the preembryo from implanting in the uterus; this could result either in the unrecognized loss of the preembryo or in an ectopic (tubal) pregnancy if the preembryo had slower tubal transport and ended up implanting in the fallopian tube.

(2) A peri-implantation effect would be the alteration of the endometrium, such that a preembryo that reached the uterus was unable to successfully implant into the endometrial lining of the uterus.

(3) A postimplantation effect could result from alteration of the endometrium not sufficient to prevent implantation but unfavorable for maintenance of the pregnancy; a preembryo or embryo already implanted in the endometrial lining of the uterus would be unable to maintain itself long enough to result in a clinically recognized pregnancy.

Note, all three are post-fertilization!

Note the following paragraph, even by those who take a positive view of OC's:

“Although these changes are consistently seen in women taking OCs, there is currently no direct evidence to link these changes to preembryo embryo loss in women taking OCs. However, this hypothesized postfertilization effect seems to be so well accepted that in many medical articles and textbooks it has been explicitly listed as the third mechanism of OCs (after suppressing ovulation and prefertilization effects).

For example, the Food and Drug Administration–approved product information for OCs in the Physicians' Desk Reference states, ' Although the primary mechanism of this action is inhibition of ovulation, other alterations include changes in the cervical mucus, which increase the difficulty of sperm entry into the uterus, and changes in the endometrium, which reduce the likelihood of implantation.

An independent clinical pharmaceutical reference also contains this assertion. We considered this level III (poor to good) evidence.

To assess the clinical significance of an altered endometrium, it was helpful to examine data that compared endometrial thickness with the receptivity of endometrium to preembryos during in vitro fertilization procedures. Magnetic resonance imaging scans of the uteri of women reveal that the OC users have endometrial linings that are consistently thinner than endometrial linings of nonusers, 48-50 up to 58% thinner.

Of the first 4 ultrasound studies published, the first did not find a relationship between endometrial thickness and in vitro fertilization implantation rates; however, subsequent studies noted a trend, and one demonstrated that a decreased thickness of the endometrium decreased the likelihood of implantation. Larger, more recent, and more technically sophisticated studies all concluded that endometrial thickness is related to the functional receptivity of the endometrium.

Furthermore, when the endometrial lining becomes too thin, then implantation does not occur.

In other words, combo OC's have the same possible effect. This effect is real enough to list it as a third mechanism of OC's. For all intents and purposes, combo OC's and mini-pills are similar in that they are possible abortifacients.

Beyond this, the evidence above clearly states the possibility of 'embryo loss' or 'tubal pregnancy' because of the inhibiting factors.

(2) Relative to the mini-pill it is an abortifacient. Some "researchers" allow personal opinion, financial involvement in birth control, or others to reduce their final data to "insufficient evidence". This doesn't mean that they're saying that there aren't problems, but it does get them off the hook.

The Pill was developed by Margaret Sanger in 1956. Margaret Sanger founded Planned Parenthood, and there certainly was a stake in contraceptive/abortive methods. The issue of implantation wasn't an issue then (1956). When it became quite apparent that these methods were without doubt abortifacient, Planned Parenthood and the Population Council (based in Princeton, NJ) changed the definition of pregnancy to be at the moment of implantation, not conception.

**The data is there, from many independent, trustworthy sources.
The IUD, combo pills, mini-pill and Depo are all in the same camp.**

Randy Alcorn's text says it the best:

"The Mini-Pill (Progestin-only) : Progestin-only pills, which have no estrogen, are often called "Mini-pills." Many people confuse Mini-pills with the far more popular combination estrogen-progestin pills, which are the true "Birth Control Pill."

Drug Facts & Comparisons is a standard reference book for physicians. In the 1996 edition (page 419), it says this under "Oral Contraceptives":

"Oral contraceptives (OCs) include estrogen-progestin combos and progestin- only products. Progestin-only [pills] . . . alter the cervical mucus, exert a progestational effect on the endometrium, apparently producing cellular changes that render the endometrium hostile to implantation by a fertilized ovum (egg) and, in some patients, suppress ovulation."

Note that progestin-only pills have as a primary effect to make the uterine lining, the endometrium, "hostile to implantation by a fertilized ovum." In other words, they cause an abortion of a human being roughly a week after his or her conception.

"I have been told that many users of the Mini-pill think their ovulations are being suppressed. In his book Gynecology: Principles & Practices (YearBook Medical

Publishers, 3rd edition, 1979, page 735), R.W. Kistner says, "Certainly the majority of women using the progestin-only pill continue to ovulate."

In his book **Hormonal Contraception: Pills, Injections & Implants**, Dr. Joseph W. Goldzieher, states, "Endometrial resistance to implantation is an important mechanism of the minipill" (Essential Medical Information Systems, PO Box 811247, Dallas, Texas, page 35).

A 1981 Searle leaflet, packaged with their progestin-only pill, says that product "makes the womb less receptive to any fertilized egg that reaches it."

The Physician's Desk Reference, 1996 edition (page 1872) describes "Progestogen-Only Oral Contraceptives" by saying they "are known to alter the cervical mucus and exert a progestational effect on the endometrium, interfering with implantation."

Clearly the progestin-only pill, by its effects on the endometrium, causes abortions and must be added to the list of abortive birth control methods. Like all the aforementioned products, the changes the Mini-pill creates in the mother's endometrium make the womb hostile to the newly-conceived child, instead of hospitable to him, as God designed the mother's womb to be."

(3) One further important point:

"Should a breastfeeding mother take the Pill" the Couple to Couple League asks: No.

The physician who discovered the relationship between DES and cancer of the cervix and vagina and cervix has stated flatly, "Breastfeeding mothers should not be taking oral contraceptives" (Citation: Arthur Herbst, MD, Dept of Ob/Gyn, Univ of Chicago, Spring, 1982)

At this point, you may want to check this link:

<http://www.epm.org/dialogue.html>

Randy Alcorn's position at first seems problematic, but there are very good points here.

Additional knowledge does cause moral dilemma's, but the Lord is fully aware of this. He allows us to struggle through these things to draw us closer to him . *Making option to NOT have any further children paramount in your decision in some way may allow you to make a decision that isn't biblical.*

Many 'pill friendly' experts produce their own material or change important

definitions (ex. Planned Parenthood)

The bottom line on all this is that your choices are few, but, if you are a believer, conscience is more important. God will bless obedience. He requires us to live up to the light we have. Knowledge is progressive, so there's no need for guilt for the past. Once we do know, though, He wants us to do what is biblically right.

Abortifacients are always biblically wrong, and IUD's, combo Pills and the mini-pill (not to mention Depo, etc) are abortifacients.

Ps. 51:5 makes it really clear that 'conceived in sin' means there's a soul and life (nephesh) at conception.

Since all of the methods discussed involve a real risk to end the life of a conceived (even if not implanted) embryo, all of them, including the combo pill should be rejected.

Below are sites to check out:

<http://www.ccli.org>

<http://www.prolife.com/BIRTHCNT.html>

The following are links on the Gateway site:

Birth control pill dangers/risks

<http://www.epigee.org/guide/medfaq.html>

Birth Control Pills linked to breast cancer

<http://www.lifesite.net/interim/2000/feb/05studies.html>

Birth Control Pills linked to blood clots in veins

<http://www.nejm.org/content/2000/0342/0010/0696.asp>